

NOTABLE CHANGES TO THE STANDARD PLAN, STANDARD PLAN II & SMP
EFFECTIVE JANUARY 1, 2004

- Effective January 1, 2004, the Standard Plan will become what is often called a Preferred Provider Plan (PPP). The Standard Plan II will no longer be available. The current Standard Plan becomes the in-network level of benefits, and the Standard Plan II becomes the out-of-network benefits.
- Also, a Pharmacy Benefits Manager (PBM) will provide pharmacy benefits and services to all participants. Participants will receive a separate identification card from the PBM to be used when obtaining pharmacy benefits.
- This outline is not intended to be a complete description of coverage. For detail, see specific language in Standard Plan or SMP booklets.

<i>Benefit</i>	<i>Standard In-Network 2004 Benefit</i>	<i>Standard Plan 2003 Benefit</i>	<i>Standard Out-of-Network 2004 Benefit</i>	<i>Standard Plan II 2003 Benefit</i>
<i>Changes to the Medical benefit:</i>				
Deductible (Ded)	Overall \$100 single, \$200 family	Major Medical only \$25 single, \$50 family	Overall \$500 single, \$1,000 family	Overall \$500 single, \$1,000 family
Coinsurance	Benefits paid at 100% of charges	Major Medical only 80%/20% no out-of-pocket maximum	80%/20% to out-of-pocket maximum \$2,000/\$4,000 (includes Ded)	80%/20% to out-of-pocket maximum \$2,000/\$4,000 (includes Ded)
Lifetime Maximum	\$2,000,000	Major Medical only \$250,000	\$2,000,000	Major Medical only \$250,000
<i>Changes to the Prescription Drug benefit:</i>				
Prescription Drug Copayment	\$5 Level 1 Formulary, \$15 Level 2 Formulary, \$35 Level 3 Non-Formulary	\$7 Generic, \$14 Brand name	\$5 Level 1 Formulary, \$15 Level 2 Formulary, \$35 Level 3 Non-Formulary	\$7 Generic, \$21 Brand name
Annual Prescription Drug Out-of-Pocket Maximum	Level 1 and Level 2 out-of-pocket annual maximum of \$1,000 single/ \$2,000 family Level 3 Copayments do not apply to the out-of-pocket maximum	No out-of-pocket maximum	Only Emergency or Urgent Care use of non-network pharmacies allowed	No out-of-pocket maximum
Prescription Drug Mail Order Day Supply	2 Copayments per 90-day supply on Level 1 & Level 2 Formulary drugs when obtained through PBM's mail order vendor	Not applicable	No benefit	Not applicable

Benefit	Standard In-Network 2004 Benefit	Standard Plan 2003 Benefit	Standard Out-of-Network 2004 Benefit	Standard Plan II 2003 Benefit
Prescription Drug Pill Splitting	Half the normal copayment applies when certain Level 1 and Level 2 Formulary drugs can be safely split by the member at home (15 tablets = 30 day supply). <i>This is voluntary.</i>	Not available	No benefit	Not available
Prescription Drug Sampling	Copayment waived on initial Level 1 Formulary prescription fills for certain medications. <i>This is voluntary.</i>	Not available	Not benefit	Not available

Benefit	SMP 2004 Benefit	SMP 2003 Benefit
Changes to the Medical benefit:		
Deductible	Overall \$100 single, \$200 family	Major Medical only \$25 single, \$50 family
Coinsurance	Benefits paid at 100% of charges	Major Medical only 80%/20% no out-of-pocket maximum
Lifetime Maximum	\$2,000,000	Major Medical only \$250,000
All Major Medical Services*	Subject to overall deductible.	Subject to major medical deductible and 80%/20% coinsurance.
Changes to the Prescription Drug benefit:		
Prescription Drug Copayment	\$5 Level 1 Formulary, \$15 Level 2 Formulary, \$35 Level 3 Non-Formulary	\$5 Generic, \$10 Brand name
Annual Prescription Drug Out-of-Pocket Maximum	Level 1 and Level 2 out-of-pocket annual maximum of \$300 single/\$600 family Level 3 Copayments do not apply to the out-of-pocket maximum	All copayments applied to the out-of-pocket maximums of \$240 single/\$480 family

* Common major medical services comprise durable medical equipment, physical/speech/occupational therapy, medical services and supplies, cardiac rehabilitation, and total extraction and replacement of teeth.